ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
· · · · · · · · · · · · · · · · · · ·	
TELEPHONE NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS.	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME.	_
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:
INCOME AND EXI ENGE DECEARATION	
1. Employment (Give information on your current job or, if you're unemployed, your m	ost recent job.)
a. Employer:	
Attach copies b. Employer's address:	•
of your pay C. Employer's phone number:	
stubs for last two months d. Occupation:	
(black out e. Date job started:	
social f. If unemployed, date job ended:	
security hours per week	
numbers). h. I get paid \$ gross (before taxes) per month	per week per hour.
(If you have more than one job, attach an $8\frac{1}{2}$ -by-11-inch sheet of paper and list th jobs. Write "Question 1—Other Jobs" at the top.)	e same information as above for your other
2. Age and education	
a. My age is (specify):	•
b. I have completed high school or the equivalent: Yes No If no	o, highest grade completed (specify):
c. Number of years of college completed (specify): Degree(s)	obtained (specify):
d. Number of years of graduate school completed (specify):	ee(s) obtained (specify):
e. I have: professional/occupational license(s) (specify):	
vocational training (specify):	
3. Tax information	
a. Tax information a. It last filed taxes for tax year (specify year):	
terror a tank	d, filing separately
married, filing jointly with (specify name):	, ming departatory
	
c. I file state tax returns in California other (specify state):	556A+
d. I claim the following number of exemptions (including myself) on my taxes (spec	сну):
 Other party's income. I estimate the gross monthly income (before taxes) of the of This estimate is based on (explain): 	ther party in this case at (specify): \$
(If you need more space to answer any questions on this form, attach an 8½-by-question number before your answer.) Number of pages attached:	11-inch sheet of paper and write the
I declare under penalty of perjury under the laws of the State of California that the informany attachments is true and correct.	nation contained on all pages of this form and
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use Judicial Council of California FL-150 [Rev. January 1, 2007] WEBAPP



	<u> </u>		FL-150
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
	RESPONDENT/DEFENDANT:		
	OTHER PARENT/CLAIMANT:	<u> </u>	
	ach copies of your pay stubs for the last two months and proof of any other inco return to the court hearing. (Black out your social security number on the pay s		federal
5.	Income (For average monthly, add up all the income you received in each category is and divide the total by 12.)	in the last 12 months Last month	Average monthly
	a. Salary or wages (gross, before taxes)		
	b. Overtime (gross, before taxes)		
	c. Commissions or bonuses		
	d. Public assistance (for example: TANF, SSI, GA/GR) or bonuses	ly receiving \$	
	e. Spousal support from this marriage from a different marriage	· · · · · · · · · · · · · \$	
	f. Partner support from this domestic partnership from a different do		
	g. Pension/retirement fund payments		
	h. Social security retirement (not SSI) i. Disability: Social security (not SSI) State disability (SDI)		
	j. Unemployment compensation		
	k. Workers' compensation		
	I. Other (military BAQ, royalty payments, etc.) (specify):		
6.	Investment income (Attach a schedule showing gross receipts less cash expenses t		
0.	a. Dividends/interest		
	b. Rental property incomé		
	c. Trust income		
	d. Other (specify):	· · · · · · · · · · · · · · · · · · ·	
7.	Income from self-employment, after business expenses for all businesses		·
	I am the owner/sole proprietor business partner other (spe Number of years in this business (specify):	ecify):	
	Name of business (specify):		
	Type of business (specify):		
	Attach a profit and loss statement for the last two years or a Schedule C from y social security number. If you have more than one business, provide the information of the statement of the security number.	mation above for each of your b	ousinesses.
8.	Additional income. I received one-time money (lottery winnings, inheritance, amount):	etc.) in the last 12 months (specify	y source and
9.	Change in income. My financial situation has changed significantly over the la	st 12 months because (specify):	
10.	Deductions		Last month
	a. Required union dues		
	b. Required retirement payments (not social security, FICA, 401(k), or IRA)		
	c. Medical, hospital, dental, and other health insurance premiums (total monthly amo		
	d. Child support that I pay for children from other relationships		
	e. Spousal support that I pay by court order from a different marriage.f. Partner support that I pay by court order from a different domestic partnership		
	g. Necessary job-related expenses not reimbursed by my employer (attach explana)		
11.	Assets	•	Total
	a. Cash and checking accounts, savings, credit union, money market, and other dep		\$
	b. Stocks, bonds, and other assets I could easily sell		
	c. All other property, real and personal (estimate fair market value	minus the debts you owe)	\$

PETITIONER/PLAINTIFF:			CA	ASE NUMBER:	FL-150	
RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:						
The following people live with m	e:					
Name	Age	How the person is related to me? (ex: son)	That perso monthly inc		Pays some of the household expenses?	
a. b. c. d. e.					Yes No Yes No Yes No Yes No Yes No Yes No	
Average monthly expenses a. Home: (1) Rent or morto If mortgage: (a) average principal: \$ _ (b) average interest: \$ _ (2) Real property taxes (3) Homeowner's or renter's in (if not included above) (4) Maintenance and repair b. Health-care costs not paid by in c. Child care d. Groceries and household supple Eating out f. Utilities (gas, electric, water, trag. Telephone, cell phone, and e-rate 4. Installment payments and debts	sage\$	h. Laundr i. Clothes j. Educat k. Enterta t. Auto e) (insura m. Insurar auto, h n. Saving o. Charita p. Monthl (itemize q. Other (y and cleanidation	ing	\$	
Paid to	For		mount	Balance	Date of last paymen	
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
· · · · · · · · · · · · · · · · · · ·	-	\$		\$		
	<u>-</u>	\$		\$		
5. Attorney fees (This is required in a. To date, I have paid my attorn b. The source of this money was	ey this amount fo	or fees and costs (specify).				
c. I still owe the following fees atd. My attorney's hourly rate is (s		tomey (specify total cwed)	. Ψ			
confirm this fee arrangement.						
Date:		. 👠				
TYPE OR PRINT NAME OF ATTI				(SIGNATURE OF	TTOOLIC'Y)	

FL-150 [Rev. January 1, 2007]

			FL-15
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
	RESPONDENT/DEFENDANT:		•
	OTHER PARENT/CLAIMANT:		
	CHILD SUPPORT INFORMATION	N	
	(NOTE: Fill out this page only if your case involved		
16.	Number of children		
	a. I have (specify number): children under the age of 18 with the other	The state of the s	
	b. The children spend percent of their time with me and percentage or it has not been agreed on, please de	ent of their time with the other pare scribe your parenting schedule here	
		•	
17.	Children's health-care expenses		
17.	a. 1do 1do not have health insurance available to me for the	ne children through my job.	
	b. Name of insurance company:		
	c. Address of insurance company:		
	d. The monthly cost for the children's health insurance is or would be (special	fy):\$	
	(Do not include the amount your employer pays.)	*	
		A	
18.	•	Amount per month	
	a. Child care so I can work or get job training	\$	
	b. Children's health care not covered by insurance	\$ \$	
	d. Children's educational or other special needs (specify below):	\$	
	Children's educational of other special needs (specify below)		
19.	Special hardships. I ask the court to consider the following special financial c (attach documentation of any item listed here, including court orders):	Amount per month For how	many months?
	a. Extraordinary health expenses not included in 18b	\$	
	b. Major losses not covered by insurance (examples: fire, theft, other		
	insured loss)	\$	
	c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
	(2) Names and ages of those children (specify):		
	(3) Child support I receive for those children	\$	
	The expenses listed in a, b, and c create an extreme financial hardship becaus	se (explain):	
	The expenses listed in a, b, and b create an extreme maintain naturally because	of lashania	
20). Other information I want the court to know concerning support in my ca	se (specify):	